# United States Army Student Detachment
## APFT / PAI INFORMATION SHEET
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*MUST BE SENT VIA E-MAIL TO PAI Team @ usasd@conus.army.mil*
*SUBJECT: LAST NAME, FIRST NAME (UIC)*

**PAI**
**1. Last Name, First Name, Middle Initial:**
**2. SSN:**
**3. Rank:**          **Date of Rank**:
**4. PMOS:**
**5. BRANCH:**
**6. ID Tags:**   (Yes or No)
**7. Medical ID Tags:** (Yes/ No/ N/A)
**8. Updated Military ID card**: (Yes or No)    **Expiration Date:**
**9. Mailing address**: **(street, city, state/APO, zip code)**
_____
**10.  Home Address: (street, city, state/APO, zip code)**
_____
**11. School Name/ City, State and Zip code where you currently have duty (UIC):**

_____
**12. Home Phone Number:**                **Alternate Phone Number:**
**11. AKO Email Address:**
**13. Alternate Email Address:**
**14. Graduation / Training Completion Date:**             **(YYYYMMDD)**
**15. Program:**
**16. Date of return from Last Deployment:**             **(YYYYMMDD)**
**17. Date reviewed policy letters:**             **(YYYYMMDD**
**18. Date of DD93/SGLI:**

**Required Training**
1. AT Level-1
   Date Completed: _____ (YYYYMMDD)
2. SERE 100
   Date Completed: _____ (YYYYMMDD)
3.  SAEDA
    Date Completed: _____ (YYYYMMDD)
4. OPSEC/INFOSEC
    Date Completed: _____ (YYYYMMDD)

**NOTE: Copies of all training certificates need to be submitted with PAI Worksheet**
_____          _____ (YYYYMMDD)
Signature                                    Date